U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

S Rec'd

AUG 152005

Name Wayne

1. File Number U -

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

MacManiman

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 505-065

Name Service Employees Intl. Union Local 36

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 2nd Floor
Street 20 Dover Road	Street 42 South 15th Street
City West Hampton	City Philadelphia
State New Jersey ZIP Code + 4 08060	State Pennsylvania ZIP Code + 4 19102
5. Position in labor organization. President	
(except as specified in the ex	spouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, of monetary value from an employer whose employees your organizations.	or derived income or other economic benefit of ation represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
The second of th	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Siç	gnature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second contained in this report (See the second contained contained in this report (See the second contained contain	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Washermer Merker	On 7/25/65 215-226-3660 Date Telephone Number
Form I M 20 (2002)	Date Telephone Number
Form LM-30 (2003)	Page 1 of

Name of Person Filing Wayne MacManiman	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organ	erwise dealing with the business ctively seeking to represent, or indirectly to or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name SEIU Local 36 Benefit Funds	
Trade Name, if any:	X a. Labor Organization
P.O. Box, Bldg., Room No., if any 15th Floor	b. Trust
Street 42 South 15th Street	c. Employer
City Philadelphia	
State Pennsylvania ZIP Code + 4 19102	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received. SEIU Local 36 Benefit Funds is a related organization of SEIU Local 36. The Benefit Funds paid for Wayne MacManiman's expenses as a Union Trustee, which related to his attendance at the IFEBP Employee Benefits Conference in Orlando, FL in February 2004.
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	12.b. Amount. \$2,083
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City :	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing	Wayne	MacManiman
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Part B Continuation Page

0.10	9. Business deals with:
8. Name and address of Business (including trade name, if any).	9. business deals with.
Name Intl. Foundation of Employee Benefit Plans	a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 18700 W. Bluemound Road	c. Employer
City Brookfield	
State Wisconsin ZIP Code + 4 53008	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name SEIU Local 36 Benefit Funds	IFEBP provides educational services for Fund Trustees.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 42 South 15th Street	
City Philadelphia	
State Pennsylvania ZIP Code + 4 19102	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	The SEIU Local 36 Benefit Funds paid the registration fee to IFEBP on behalf of Wayne MacManiman, a Union Trustee, attending an IFEBP conference in February 2004 in Orlando, FL.
	12.b. Amount. \$930

Name	of	Person	Filina	Masmo	MacManiman
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Intl. Foundation of Employee Benefit Plans	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 18700 W. Bluemound Road	c. Employer		
City Brookfield			
State Wisconsin ZIP Code + 4 53008			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name SEIU Local 36 Benefit Funds	IFEBP provides educational services for Fund Trustees.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 42 South 15th Street			
City Philadelphia			
State Pennsylvania ZIP Code + 4 19102	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	The SEIU Local 36 Benefit Funds paid the registration fee, preconference workshop fee and hotel room deposit to IFEBP on behalf of Wayne MacManiman, a Union Trustee, who was attending an IFEBP conference in November 2004 in New Orleans, LA.		
	12.b. Amount. \$1,550		
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Name of	Person	Filina	Wayme	MacManiman
1101110 01	. 0.0011	9	wayne	Macmaniman

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Bank One - Cardmember Services	a. Labor Organization
Trade Name, if any:	, at Labor Organization
P.O. Box, Bldg., Room No., if any PO BOX 15153	b. Trust
Street :	c. Employer
City Wilmington	
State Delaware ZIP Code + 4 19886-5153	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name SEIU Local 36 Benefit Funds	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 15th Floor	
Street 42 South 15th Street	
City Philadelphia	
FILLIQUEIDIIIA	Inguigness or a continuous, or 1,50,000 continuous, and 1,50,000 contin
State Pennsylvania ZIP Code + 4 19102	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received.
	The SEIU Local 36 Benefit Funds paid the airfare for Wayne MacManiman, Ray Rogers and Elba Mercado, Union Trustees, directly to Bank One, the issuer of a credit card in the name of Wayne MacManiman.
	12.b. Amount. \$665

Name of Person Filing	Wayne	MacManiman
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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name SEIU Local 36 Benefit Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any 15th Floor Street 42 South 15th Street City Philadelphia State Pennsylvania ZIP Code +4 19102	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Wayne MacManiman was provided a meal on 03/17/2004 by SEIU Local 36 Benefit Funds to discuss SEIU Local 36 Benefit Funds business.
	12.b. Amount. \$45

Name of Person Filing	Wavne	MacManiman

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Spear Wilderman Borish Endy Spear & Runckel Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1400 Street 230 South Broad Street City Philadelphia State Pennsylvania ZIP Code +4 19102	a. Labor Organization b. Trust c. Employer
The second section of the sectio	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	Legal Counsel for SEIU Local Union 36.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$33,965
	12.a. Nature of interest held or income received.
	Wayne MacManiman was provided meals by Spear Wilderman, et al. to discuss SEIU Local 36 business on 3/17/04 - \$20.01, 5/27/04 - \$37.32, 8/18/04 - \$39.70.
	12.b. Amount. \$97